### DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

# **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN

Bureau of Quality Assurance
P.O. Box 2969

Madison WI 53701-2969

### **Facility Information**

Facility Name: CARE PARTNERS MANITOWOC (0009054)

Address: 1858 MIRRO DR, MANITOWOC, WI 54220

**License Status: REGULAR** 

Licensed/Certified/Registered 08/01/2001

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

**Survey History** 

Survey ID: 0095480 End Date: 08/24/2005 Type: OTHER Purpose: COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0093463 End Date: 09/22/2004 Type: ABBREVIATED Purpose: SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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**Complaint History** 

Date Complaint Received: 04/27/2006 Date Investigation Completed: 06/21/2006

Subject Area(s) Result SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE SUBSTANTIATED 10007315

Date Complaint Received: 04/06/2005 Date Investigation Completed: 08/24/2005

Subject Area(s) Result SOD #

SUPERVISION -migrated data - NOT RECORDED

RESTRAINTS NOT SUBSTANTIATED STAFF TRAINING AND PROFICIENCY NOT SUBSTANTIATED

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